

# PART B - FEE(S) TRANSMITTAL

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 30084 7590 08/09/2002

**DONN K. HARMS**  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Jane E. Gurtz** (Depositor's name)  
**Jane E. Gurtz** (Signature)  
**October 9, 2002** (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/545,794      | 04/09/2000  | William Mazzei       | 2041 CIP            | 1944             |

**TITLE OF INVENTION:** PROTECTIVE CUSHION AND COOPERATIVELY ENGAGEABLE HELMET CASING FOR ANESTHETIZED PATIENT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$640     | \$0             | \$640            | 11/12/2002 |

| EXAMINER          | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| LINDSEY, RODNEY M | 3765     | 002-410000     |

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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **DONN K. HARMS**  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
**DUPACO, INC**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
**2620 TEMPLE HEIGHTS DR.**  
**OCEANSIDE, CA 92056**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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